



Master Plan Summary

Intentionally Blank



Master Plan Summary

The Master Plan Summary consists of 7 key components:

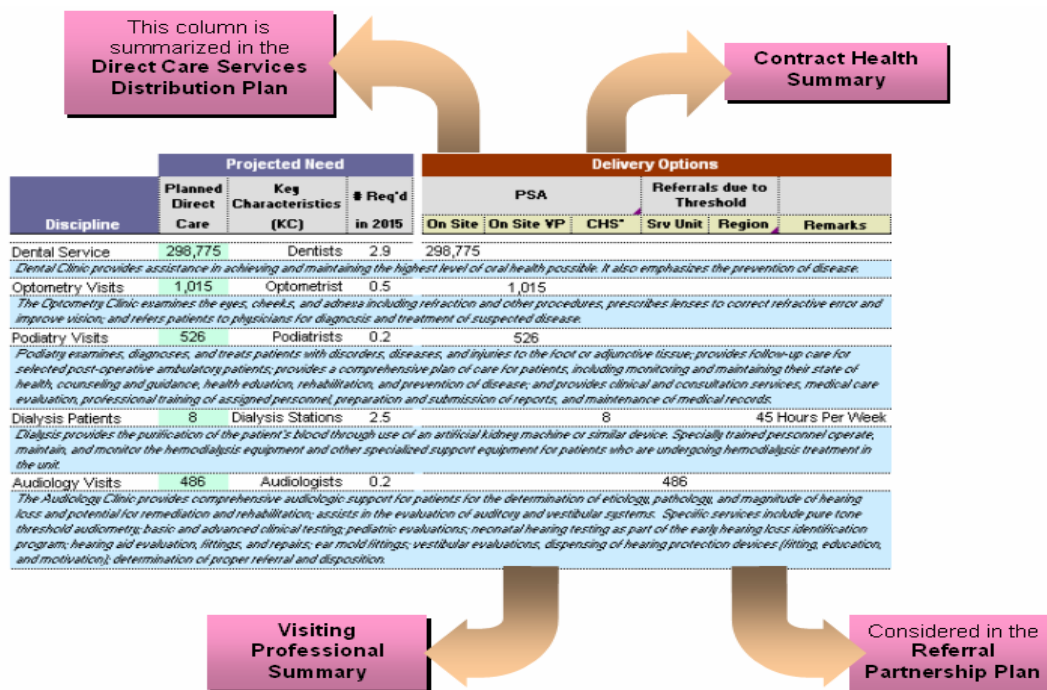
- User Population Summary
- On-Site Service Summary
- Regional Delivery Plan Summary
- Contract Health Summary
- Staffing Summary
- Space Summary
- and Priorities

These items document the plan, services and resource allocations developed over the course of our effort and conversations. Each of these components has their own purpose and is integral to understanding the complete Master Plan requirements for the Tucson Area.

The **Primary Service Area Delivery Plan**, which is not in the Master Plan Summary, is the basis and starting point of the Master Plan and this Summary. These documents are stand-alone documents behind each PSA's tab.

A Primary Service Area (PSA) is defined as a logical grouping of communities based on proximity for which healthcare resources are planned and distributed.

The population demographics of a PSA determine what services are appropriate. A medical workload and key characteristics need projection was provided based on the projected 2015 demographics. This information was reviewed and discussed with Service Area leadership in order to determine the best delivery options.



As a result of the Primary Service Area decisions, **Regional Delivery Plans** were developed based on the Visiting Professionals requested and the referred Regional workloads. Once the Regional Delivery Plans are solidified, the local resources are identified, PSA Priorities established and the **On-Site Service, Contract Health, Staffing and Facility Size Summaries** are completed.

The **Master Plan Priorities** section organizes each PSA's priorities based on the priority criteria discussions conducted at each Area-wide master plan meeting.



User Population Summary

The final Area-wide **User Population Summary** is shown on the following page. These populations form the basis for all Service Delivery Plans and the resulting Summaries mentioned above. These user populations reflect a projection from the 2001 User Population based on the communities assigned to each Primary Care Service Area as developed during the process. The communities selected for each Service Area are identified on the executive summary page of each PSA Delivery Plan. 2015 is the baseline projection year for the Master Plan. Population growths are based on IHS's annually published County Service Populations.

The current and future facility type is identified for each Service Area.

The User Population growth is indicated and ranked for Service Areas and Service Units within the Area.

Urban Population

A user population for the Tucson Urban Program is not offered in the HSP. However, for planning purposes the numbers in the following table are deemed appropriate. This number represents the 'Tucson to Pima County' ratio of HSP populations applied directly to Pima County un-served service pop. In other words, 30% of Pima County's user population resides in Tucson. So it is reasonable to multiply Pima County's un-served service pop for 2015 (6,351) by 30% to arrive at a potential user population for Tucson for the same year. The same logic applies to the 2001 population.

This logic is supportable based upon consistent evidence that counties show up to, and in excess of, a 100% 'user to service pop ratio' where IHS/tribal facilities are operative and right-sized.



User Population Summary

Service Area	Facility Type		2001 User Pop	2015 User Pop	User Pop Growth %	User Pop Growth	PSA Growth Rank	Service Unit Growth Rank
	2001	2015						
Sells Service Unit			17,884	21,396	19.6%	3,512		1
Ajo/Why Proposed PSA		SHC	928	1,108	19.4%	180	5	
North Proposed PSA		MHS	516	548	6.2%	32	7	
Santa Rosa Health Center	HC	HC	1,450	1,763	21.6%	313	4	
San Xavier Health Center	HC	HC	8,366	10,057	20.2%	1,691	1	
Sells Hospital	H	H	5,807	6,945	19.6%	1,138	2	
Westside* Health Center (Previously Pisinimo)	HC	HC	817	975	19.3%	158	6	
Yaqui CHS			5,522	6,642	20.3%	1,120		2
Pascua Yaqui Health Center	HC	HC	5,522	6,642	20.3%	1,120	3	
Tucson Urban Program ¹			1,592	1,916	20.4%	324		3
Totals			24,998	29,954	19.8%	4,956		

H = Hospital

MHS = Medium Health Station

HC = Health Center

HS = Health Station

U = Urban Program

SHC = Small Health Clinic

¹ - A user population for the Tucson Urban Program is not offered in the HSP. However, for planning purposes the numbers above are deemed appropriate. This number represents the Tucson to Pima County ratio of HSP populations applied directly to Pima County unserved service pop. In other words, 30% of Pima County's user population resides in Tucson. So it is reasonable to multiply Pima County's unserved service pop for 2015 (6,351) by 30% to arrive at a potential user population for Tucson for the same year. The same logic applies to the 2001 population.

* - The population shown for Westside is lower than the utilized number for the new clinic currently under construction. Communities assigned to Westside for existing construction have been realigned with the newly proposed PSA near Ajo/Why. However, reduced population for Westside (as shown in this table) affects none of the proposed services or delivery plan for the new clinic.



On-Site Service Summary

The following page provides a holistic view of the direct care services and their distribution in the year 2015. The Regions of Care are not intended to change IHS Service Unit boundaries and in many ways already reflect today's referral pattern.

The **On-Site Service Summary** is a summary and abbreviation of the services offered and supported at an Area Wide Basis, at a Regional Level, and at your local Primary Service Area. This document is a result of the PSA, Regional and Area Delivery Discussions. The document is organized by Region and by PSA. New services anticipated in the plan are shown in red font, while existing services are shown in black font. Detailed resources and fully outlined anticipated services are found in the individual PSA documents.



Direct Care Services Summary

Sells Service Unit					
AltoWhy	Santa Rosa	Sells	Westside *	North	San Xavier
(SAC) Small Health Clinic 1108 User Pop 29.9 FTE (SAC) 1,124 GSM (SAC)	Health Center 1,763 User Pop 47.1 FTE 2,105 GSM	Hospital 6,945 User Pop 374.2 FTE 20,916 GSM	Health Center (Under Construction) 975 User Pop 34.1 FTE 1,766 GSM	(SAC) Medium Health Station 548 User Pop 8.1 FTE (SAC) 433 GSM (SAC)	Health Center 10,057 User Pop 235.7 FTE 9,048 GSM
Primary Care, including FP Dental, Behavioral Health Visiting Professionals including Optometry, Podiatry, Audiology Cardio, Nephro Laboratory, Pharmacy Home Health Care Preventive Care, including PHN, PH Nutrition Additional Services, including Diabetes, HOPP, Tobacco, Case Mgmt., Acudetox, CHR, WIC, MCH, Healthy Families, Domestic Violence, Alt. Med., HIV, TB, Dialysis Support, OR Elder Care, Security, Bio-Ter., Transportation, THA	Primary Care, including FP, IM Dental, Behavioral Health Visiting Professionals including Optometry, Podiatry, Audiology, Psychiatry Cardio, Nephro Lab, Pharmacy Preventive Care, including PHN, PH Nutrition, Health Educ Additional Services, including Diabetes, HOPP, Tobacco, Case Mgmt., Acudetox, CHR, WIC, MCH, Healthy Families, Domestic Violence, Alt. Med., HIV, TB, Dialysis Support, OR Elder Care, Security, Bio-Ter., Transportation, THA	Primary Care, including FP, IM, Peds, Ob/Gyn Traditional Healing Dental, Optometry Behavioral Health Visiting Professionals including Cardio, Nephro Laboratory Pharmacy Home Health Care Preventive Care, including PHN, PH Nutrition Health Educ Additional Services, including Diabetes, HOPP, Tobacco, Case Mgmt., Acudetox, CHR, WIC, MCH, Healthy Families, Domestic Violence, Alt. Med., HIV, TB, Dialysis Support, OR Elder Care, Security, Bio-Ter., Transportation, THA	Primary Care, including FP Dental, Optometry Behavioral Health Home Health Care Visiting Professionals, including Cardio, Nephro Podiatry, Audiology, Psychiatry Mammography Preventive Care, including PHN, Health Educ. Additional Services, including Diabetes, HOPP, Tobacco, Case Mgmt., Acudetox, CHR, WIC, MCH, Healthy Families, Domestic Violence, Alt. Med., HIV, TB, Dialysis Support, OR Elder Care, Security, Bio-Ter., Transportation, THA	Visiting Professionals, including FP, Dental, Optometry, Podiatry, Audiology Mental Health, Social Svs Public Health Nursing Contract Health Additional Services, including Diabetes, HOPP, Tobacco, Case Mgmt., Acudetox, CHR, WIC, MCH, Healthy Families, Domestic Violence, Alt. Med., HIV, TB, Dialysis Support, OR Elder Care, Security, Bio-Ter., Transportation, THA	Primary Care, including FP Visiting Professionals, including Ortho, Ophtha, Derm, Gen Surg, ENT, Rheumatology Traditional Healing Dental, Optometry, Behavioral Health Laboratory, Pharmacy Diagnostic Imaging, including Rad, Ultra Sound Preventive Care Additional Services, including Diabetes, OR Diabetes, Wellness Ctr., Tobacco Case Mgmt., Acudetox, CHR, Security, Transportation
Tucson Indian Center					
Urban Program 1,916 User Pop 45.9 FTE 2,172 GSM					
Primary Care, including FP Traditional Healing Dental Behavioral Health Visiting Professionals, including IM, Peds, OB/Gyn, Optometry Podiatry, Audiology Laboratory, Pharmacy Preventive Care Additional Services, including Diabetes, OR Diabetes, Wellness Ctr., Tobacco Case Mgmt., Acudetox, CHR, Security, Transportation					
Pascua Yaqui					
Health Center 6,642 User Pop 164.1 FTE 7,824 GSM					
Primary Care, including FP, IM, Peds Visiting Professionals, including Ortho, Ophtha, Gen Surg, ENT, Podiatry, Audiology, Psych Traditional Healing Dental, Optometry Behavioral Health SA Transitional Care Laboratory, Pharmacy Diagnostic Imaging, including Rad, Ultra Sound Rehab, including PT Preventive Care Additional Services, including Diabetes, OR Diabetes, Tobacco, Wellness Ctr., Case Mgmt., Acudetox, CHR, WIC, MCH, Healthy Families, Domestic Violence, Alt. Med., HIV, Dialysis Support, OR Elder Care, Security, Transportation					
Eastern Region/Referral Partnership @ San Xavier					
ESA Pop 11,973					
Internal Med. Pediatric Ob/Gyn Optometry Podiatry Audiology Psychiatry Substance Abuse Transitional Care					
Mammography Environmental Health Physical Therapy					
Dialysis					
Western Region/Referral Partnership @ Sells					
ESA Pop 10,791					
Dialysis Podiatry Audiology Substance Abuse Transitional Care					
Mammography Radiographic Ultrasound Home Health					
Emergency Room EMS Microbiology Physical Therapy Clinical Engineering Env. Health					
Tucson Oodham Asset @ Sells					
TON Asset Pop 21,396					
Specialty Care General Surgery Orthopedic ENT Optimology Gerontology					
Acute Dialysis Surgery Fluoro CT Respiratory Therapy Occupational Therapy					
Inpatient Labor and Delivery Medical Acute Care Surgical Acute Care Pediatrics ICU Medical Detox Sub-Acute Transitional Care					
Elder Care					
Area Wide Services ESA Pop 29,954					
Adult Residential Treatment Facility @ Sells					

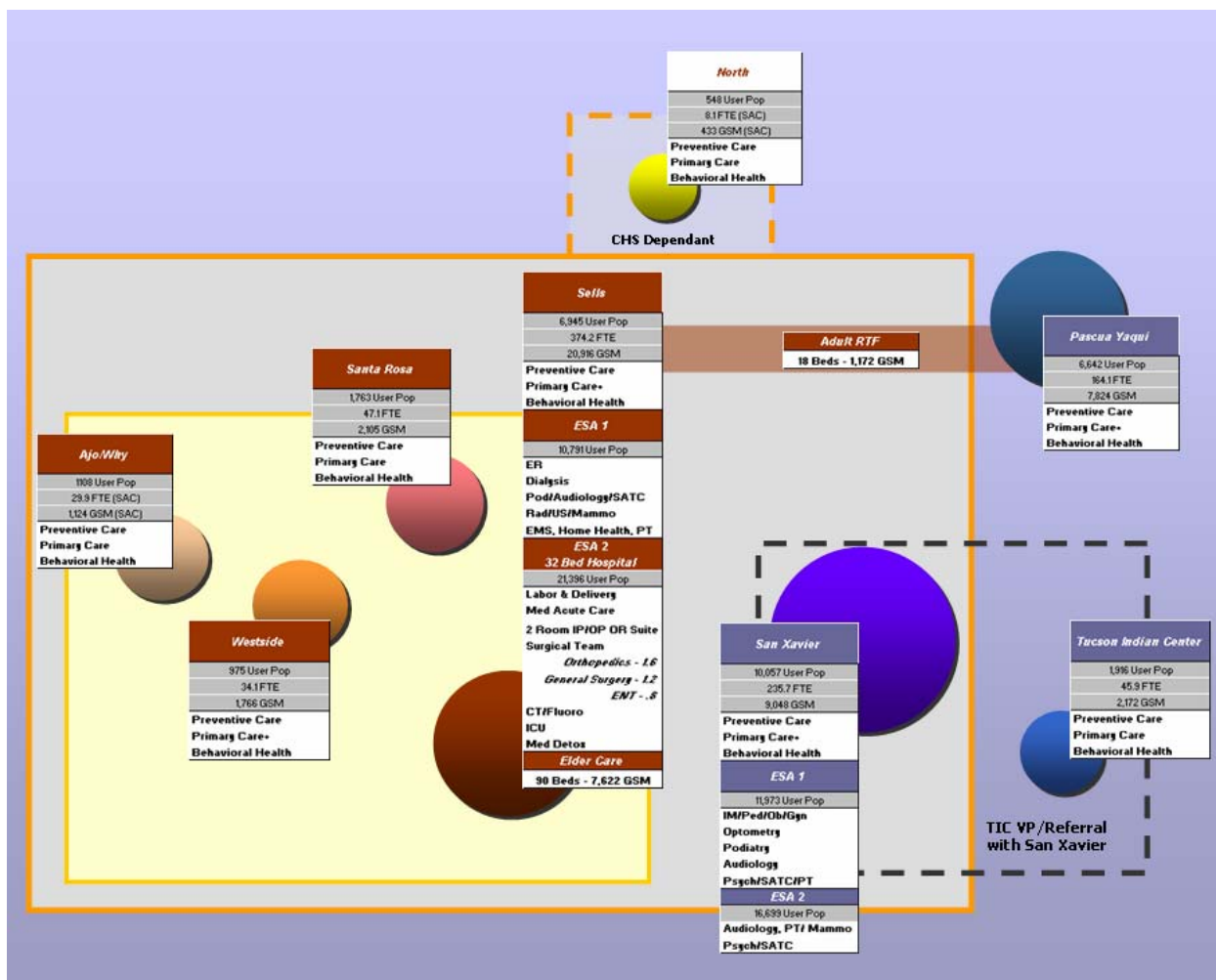
* Westside would normally be planned for according to SAC, but facility in construction assumes identified services.



Regional Plan

The Regional Delivery Plan supported by the On-Site Service Summary is shown below. It represents a blend of scenarios presented at the Regional Delivery Plan meeting for Area Workgroup Consideration. It is built from the Service Delivery Plans and represents the wishes of the tribes to date. It anticipates the following:

- A 32 Bed Hospital as a TON asset, drawing full referral of inpatient services from the entire Service Unit for care at the Asset. Labor & Delivery, Med Acute Care, CT, fluoroscopy, mammography, limited surgical services and an ICU are provided as on-site services.
- ER is also provided, although North is not assumed in the workload projections due to its proximity to the Casa Grande market. The net effect is not significant in terms of its effect on sizing of the TON ER.
- Elder Care is anticipated at 90 Beds for the Service Unit.
- An Adult Residential Treatment Facility is anticipated at 18 beds, providing capacity for the entire Tucson Area.
- Mammography is placed on-site at San Xavier with capacity for Pascua Yaqui.
- Pascua Yaqui is essentially designed as a 'stand alone' system, with opportunity to refer workload to the ARTF as well as mammography services at San Xavier.
- Referrals for Tucson Indian Center's specialty care needs are planned for at San Xavier.





Regional Delivery Plan Summary

The Workgroup, in the initial questionnaire and at the Kick-Off Meeting, suggested that a regional service area should be:

1. Within a two hour drive; centrally located;
2. Designed to meet a shared need among willing partners;
3. Providing completion to a needed continuum of care: primary, specialty, tertiary and behavioral services;
4. Balancing efficiency/economy of scale and cultural sensitivity/sovereignty.

During Service Area Assumption discussions at the Area Analysis Meeting (3/12/04), two potential regions of care within the Tucson Area emerged; a western region based around Sells, and an eastern region based around the city of Tucson.

The Regional Delivery Plan Meeting (4/30/04) involved orchestrating conversations regarding referral partnerships. The discussions targeted the requested opportunities for visiting professionals and the workloads specifically referred to the region from the Primary Service Area Delivery plan meetings. Also considered in the discussion were the complete market opportunities, the likelihood of winning market share and likelihood of a successful partnership in each potential region. Conversations were conducted for each potential region and for the Area as a whole.

The workgroups decisions for services by Region and Area were as follows.

Eastern Referral Partnership

The Eastern Referral Partnership proposed is limited at best, with San Xavier Clinic supporting future needs, or taking referred workload from, the Tucson Indian Center. Discussion concerning the potential inclusion of the Pascua Yaqui in an Eastern Partnership did not find sufficient support at a tribal level to go forward with their inclusion. As a result, the population served by this partnership would be projected at 11,973 and would involve the following services:

- Primary Care services (Visiting for TIC)
- Specialty Care workload (referred to SX)
- Other Visiting Provider services (to TIC from SX)
 - Optometry
 - Podiatry
 - Audiology
 - Psychiatry
- Substance Abuse Transitional Care referral (to SX)
- Radiographic & Ultrasound referral (to SX)
- Mammography at SX with capacity for TIC and Pascua Yaqui
- Rehab referral (to SX)

A typical scheduling profile for the visiting professionals is shown below.

PSA	Eastern Referral Partnership						
	Visiting Provider Schedule - Typical						
	Internal Medicine	Pediatric	Ob/Gyn.	Optometry	Podiatry	Audiology	Psychiatry
Tucson Indian Center	1 day/wk	1.5 days/wk	1.5 days/wk	1.5 days/wk	.5 days/wk	.5 days/wk	.5 days/wk
San Xavier							



Western Referral Partnership – TON Asset

The Western Referral Partnership has been evolved toward a TON Asset providing services most likely from Sells to benefit the TON Nation. The only caveat to this would be that North PSA receive support for certain visiting professional services when this is feasible due to the presence of projected services at Sells. For most other services, especially inpatient and ER, North should be viewed as primarily “CHS dependent”. This partnership would exist on two levels as follows:

Western Region/Referral Partnership @ Sells serving a projected user population of 10,791 including the following services:

Emergency Room, Dialysis, Podiatry, Audiology, Mammography, Radiographic, Ultrasound, Microbiology, Physical Therapy, Clinical Engineering, EMS, Home Health, Environmental Health

Tohono O’odham Asset/Hospital @ Sells serving a projected user population of 21,396 including the following services:

- Specialty Care (Visiting Professionals are indicated by “VP”. When considering clinic visit time, remember that half of the surgeons’ time is spent in the OR)
 - General Surgery (VP)
 - Orthopedics (VP)
 - Otolaryngology – ENT (VP)
 - Ophthalmology (VP)
 - Gerontology
- Other Services include Acute Dialysis, Surgery, Fluoroscopy, CT, Respiratory Therapy, Occupational Therapy, Elder Care and Transportation.
- Inpatient Services include Labor & Delivery, Medical Acute Care, Surgical Acute Care, Pediatrics, ICU, Medical Detox and Substance Abuse Transitional Care.

A typical scheduling profile for the visiting professionals is shown below.

PSA	Western Referral Partnership – TON Asset											
	Visiting Provider Schedule – Typical											
	FP / IM	Dental	Optometry	Podiatry	Audiology	Mental Health	Social Service	Psychiatry	Ortho-pedics	Ophthal-mology	General Surgery	ENT
Ajo/Why Service Area			1 day/wk	.5 days/wk	.5 days/wk		2.5 days/wk	.5 days/wk				
Santa Rosa Clinic	1.5 days/wk (IM)		1.5 days/wk	1.5 days/wk	.5 days/wk			.5 days/wk				
Sells Hospital									2 days / wk	1 day/wk	1.5 days / wk	1 day/wk
Westside Clinic				.5 days/wk	.5 days/wk			.5 days/wk				
North Service Area	2.5 days/wk (FP)	1.5 days/wk	.5 days/wk	.5 days/wk	.5 days every 2 weeks	1.5 days/wk	1.5 days/wk					
San Xavier Health Clinic									2 days / wk	1.5 days / 2 wks	1.5 days / wk	1 day/wk



Area-Wide Partnerships

The Area-wide Discussions consisting of all representatives at the April meeting agreed that shared visiting professionals to support the Area would be beneficial for a number of services. This potential population served consists of 29,954 users, a figure that included potential Pascua Yaqui participation for certain visiting professionals.

However, following the third and final round of site visits, as well as tribal consultations concerning the regional delivery planning considerations, the following determinations were made:

- Pascua Yaqui desires a 'stand-alone' healthcare delivery system
- Tohono O'odham desires a tribal asset centralizing services out of Sells.

As a result, potential area wide partnerships are not possible beyond the provision of an Adult Residential Treatment for the entire Tucson Area planned for at Sells with a capacity of 18 Beds.



Contract Health Summary

The **Contract Health Summary** is a direct result of the PSA Delivery Plan. The amount of contract health dollars required for a Service Area is based on service-by-service affordability of direct care and the availability of local contracting options. For example, a service area without local contracting options is more likely to be interested in the synergies of regional care than a community with a non-IHS facility across the street. This reality was discussed at the PSA levels by service. If contract health dollars for a service was determined most desirable for a PSA, that service's workload multiplied by a cost per workload unit was included in the lump sum total Contract Health Dollars for a Service Area. Simply dividing that total dollar requirement by the PSA User Population provides us with a planning number of CHS dollars per User specific to that PSA.

The Contract Health Summary Sheet on the following page indicates a relative breakdown of contract health reliance by Service Area. The Fiscal Intermediary (FI) for the Tucson Area provided costs per workload as an average for the entire Area. Regardless of the local healthcare competition and economy, these average costs are used for all Service Areas. The roll-up to the right indicates a greater CHS reliance for the smaller communities with a limited number of direct care services.

Cost of living or competitive rate adjustments can be made to the consistent projection made to the right.

Due to the current IHS CHS regulations, user populations living outside a Contract Health Service Delivery Area (CHSDA) as well as non-local tribal user populations living within the CHSDA but off the reservation are not eligible for CHS payment for care. Therefore, we have differentiated the total CHS need from the total CHS eligible need. The total need column reflects the need regardless of CHS regulations, while the total CHS eligible need is based on the CHS eligible population only. The CHS eligible population percentage utilized was provided by the Tucson Area Office.

The Tucson Area has only 36.7% (without Urban Need) of the anticipated CHS dollars required to fund the 2015 delivery system. Pascua Yaqui, due to its desire for a stand alone system is the greatest consumer of CHS dollars per user. Sells Hospital has the greatest overall CHS need for 2015 at \$9,573,640. As noted on the following table, inpatient needs are fully considered at Sells for 2015 due to tribal resolution. Should services at Sells be altered or re-sized, satellite CHS projections will need to be updated to avoid inaccurate requirements. San Xavier would be impacted the greatest.

For further detail on the unit cost information please consult appendix CHS Cost Calculations.



Contract Health Summary

Service Unit	User Pop		CHS Expenditure								Area % of Totals (Urban Included)		Area % of Totals (No Urban)	
			2001		2015				2001 to 2015					
	2001	2015	\$	\$/User	Total Need	\$/User	% CHS Eligible	CHS Eligible Need	% of Total Need	% of CHS Eligible Need	Total Need	CHS Eligible Need	Total Need	CHS Eligible Need
Primary Service Area(PSA)														
Sells Service Unit	17,884	21,396	\$3,764,508	\$210	\$17,223,279	\$805		\$15,370,790	21.9%	24.5%	57.7%	51.5%	63.4%	56.5%
Ajo/Why	928	1,108			\$378,532		99.0%	\$374,747			1.3%	1.3%	1.4%	1.4%
North	516	548			\$1,805,886		99.0%	\$1,787,827			6.1%	6.0%	6.6%	6.6%
San Xavier	8,366	10,057			\$4,590,863		62.4%	\$2,864,698			15.4%	9.6%	16.9%	10.5%
Santa Rosa	1,450	1,763			\$560,214		99.0%	\$554,612			1.9%	1.9%	2.1%	2.0%
Sells*	5,807	6,945			\$9,573,640		99.0%	\$9,477,904			32.1%	31.8%	35.2%	34.9%
Westside	817	975			\$314,144		99.0%	\$311,002			1.1%	1.0%	1.2%	1.1%
Pascua Yaqui CHS	5,522	6,642	\$6,201,687	\$1,123	\$9,959,286	\$1,499		\$9,959,286	62.3%	62.3%	33.4%	33.4%	36.6%	36.6%
Pascua Yaqui	5,522	6,642			\$9,959,286	\$1,499	100.0%	\$9,959,286			33.4%	33.4%	36.6%	36.6%
Urban	1,592	1,916	\$0	\$0	\$2,652,461	\$1,384	0.0%				8.9%	0.0%		
Tucson Indian Center	1,592	1,916			\$2,652,461	\$1,384					8.9%	0.0%		
Total (Urban Included)	24,998	29,954	\$9,966,195	\$399	\$29,835,026	\$996	100.0%	\$29,835,026	33.4%	33.4%	100.0%	100.0%	100.0%	100.0%
Total (No Urbans)	23,406	28,038	\$9,966,195	\$426	\$27,182,565	\$969	100.0%	\$27,182,565	36.7%	36.7%	100.0%	100.0%	100.0%	100.0%

* Sells SU satellite PSAs Inpatient needs are fully considered at Sells for 2015. Should services at Sells be altered or re-sized, satellite CHS projections will need to be updated to avoid inaccurate requirements. San Xavier would be impacted the greatest.



Staffing Summary

The **Staffing Summary** indicates four staffing numbers summarizing existing and future needs.

- Existing Total Positions (ETP)
- Existing Reoccurring Positions (ERP)
- 2015 RRM Staffing Projection (2015 Need - RRM)
- 2015 Total Staffing Projection (2015 Need - Total)

Based on these numbers, four comparisons of existing positions to future staffing needs in 2015 are offered.

First, a comparison of Existing Total IHS positions (ETP) to required IHS RRM (un-deviated RRM) generated positions in 2015 (Existing Total Positions to RRM) expressed as a percentage. The forecasted percentages are related to the specific PSA Delivery Plans established as part of this effort. The required number does not include tribal positions nor does it include grant funded programs. These were excluded only for this comparison process; the delivery plan provides detail to service line distribution of staffing, IHS, grant and tribal. They are not labeled as such, as in 2015, it is unknown who will be operating and funding each program.

Second, a comparison of the ETP to Total Staff Required or Total Need expressed as a percentage. This compares existing staff, regardless of funding source to the RRM generated (un-deviated) staffing requirements combined with services IHS has typically supported, such as WIC, EMS, and Transportation etc.

Third, a comparison of Existing Reoccurring Positions (ERP) to required IHS RRM (un-deviated RRM) generated positions in 2015 expressed as a percentage. The reoccurring positions represent those positions funded only by reoccurring Hospital and Clinic (H&C) funds. The H&C funded positions are provided where information was provided from the tribes through the area office. Where no provision was made no comparison is offered.

Fourth, a comparison of Existing Reoccurring Positions (ERP) to Total Need - RRM generated (un-deviated) Staffing requirements combined with services IHS has typically supported, such as WIC, EMS, and Transportation etc. expressed as a percentage.

It should be noted that Existing Staffing for Pascua Yaqui does not represent a full count as neither a staffing roster nor complete staff count was provided by the PSA. Westside existing staffing is provided as a number assumed upon completion of their new facility (49 are expected upon completion of construction as part of the new facility staffing package). Also, the Urban Program existing staffing are from individual interface with the program.

The Tucson Area has only 43% of the Total Projected Staff needed and can anticipate a total additional \$57,780,521 (\$62,340,989 with urban program included) in salary needed to service an additional 653 total positions required in the 2015 delivery plan. A comparison of reoccurring positions is also provided showing a more severe deficiency for the Tucson Area. Only 17% of needed reoccurring positions exist when compared to total staffing requirements for 2015, resulting in an additional \$84,855,095 salary needed.



Service Area Staffing Summary

2015 \$ per staff position => \$ 88,479.00															
Primary Service Area(PSA)		RRM Staffing by PSA (Primary Service Area)													
		2015 Need		ETP % Need		ERP % Need		ETP Additional Salary Need		ERP Additional Salary Need		Comment			
		RRM	Total Need	RRM	Total Need	RRM	Total Need	RRM	Total Need	RRM	Total Need				
Sells Service Unit		21,396	456	166	729	915	63%	50%	23%	18%	\$25,480,014	\$40,631,382	\$51,138,924	\$66,290,292	
Ajo/Why		1,108	0.0	0.0	29.9	39.1	0%	0%	0%	0%	\$2,645,522	\$3,459,529	\$2,645,522	\$3,459,529	
North		548	0.0	0.0	8.1	15.9	0%	0%	0%	0%	\$716,680	\$1,406,816	\$716,680	\$1,406,816	
San Xavier		10,057	86.0	15.0	235.7	271.7	36%	32%	6%	6%	\$13,247,181	\$16,431,577	\$19,529,190	\$22,713,586	Re-occurring Dental and Medical
Santa Rosa		1,763	13.0	4.0	47.1	64.7	28%	20%	8%	6%	\$3,015,637	\$4,575,927	\$3,811,948	\$5,372,238	
Sells		6,945	308.0	98.0	374.2	473.5	82%	65%	26%	21%	\$5,854,995	\$14,640,407	\$24,435,585	\$33,220,997	Re-occurring Dental and Medical
Westside		975	49.0	49.0	34.1	50.3	144%	97%	144%	97%	\$0	\$117,126	\$0	\$117,126	Questionnaire Based
Pascua Yaqui CHS		6,642	43	27	164	237	26%	18%	16%	11%	\$10,710,744	\$17,149,139	\$12,126,408	\$18,564,803	
Pascua Yaqui		6,642	43.0	27.0	164.1	236.8	26%	18%	16%	11%	\$10,710,744	\$17,149,139	\$12,126,408	\$18,564,803	Complete Staffing list not provided by PSA
Urban		1,916	13	0	46	65	29%	20%	0%	0%	\$2,897,211	\$4,560,468	\$4,065,133	\$5,728,391	
Tucson Indian Center		1,916	13.2	0.0	45.9	64.7	29%	20%	0%	0%	\$2,897,211	\$4,560,468	\$4,065,133	\$5,728,391	
Total (Urban Included)		29,954	512	193	939	1,217	55%	42%	21%	16%	\$39,087,969	\$62,340,989	\$67,330,465	\$90,583,486	
Total (Urban Not Included)		28,038	499	193	893	1,152	56%	43%	22%	17%	\$36,190,758	\$57,780,521	\$63,265,332	\$84,855,095	

Complete Staffing list not provided by PSA



Space Summary

The **Space Summary** indicates a comparison of existing IHS maintained space (MI&E) to required space. The required space counted includes space for functions that IHS would typically include in the construction of a new facility. This would include all IHS functions, grant funded programs, and tribal programs to include outpatient substance abuse counseling, EMS, WIC, Family Planning, Community Health Representatives and others. Typically IHS will not build Tribal Health Administration, Nursing Homes, Outreach Elder Care or Substance Abuse Transitional Care. Substance Abuse Residential Treatment Centers come from a different funding source and were also excluded from this count.

The summary also offers a Total Project Cost comparison. The Project cost is significantly more than the Construction cost and includes design fees, permits, licensing, equipment, furnishings and so forth.

Similar to the Staff Summary, the delivery plan provides detail for required service line distribution of space for all programs.

For the Tucson Area, a strict comparison of MI&E space was problematic due to the complex shared usage of facility space between TAO and Sells Service Unit facilities. As a result, the following resources were considered in arriving at a utilized space number: questionnaire based space allocation data, MI&E space reports, the FCI Index Study completed by the TAO in 2003. This number essentially cooperates with the existing space shown on the executive summary page of each PSA Delivery Plan document.

As a result, the table on the following page shows two comparisons related to space. The first details a number taken directly from the MI&E report. The second (“Utilized”) identifies a number deemed to be more accurate in terms of actual utilization after reviewing all three sources referenced above. This utilized comparison is offered since a ‘straight read’ of the MI&E might be inappropriate to apply to Tucson Area facilities.

Based upon this analysis, the Tucson Area currently possesses only 46% of the “utilized space” needed to service the 2015 delivery plan, suggesting an additional \$55,151,492 in new construction dollars required (\$57,470,072 including urban program). Sells Hospital requires the greatest number of new square meters (12,179 – “utilized”) while Santa Rosa Health Center shows the greatest percentage deficiency (15% - “utilized”). As is shown, MI&E numbers are questionable for application in Master Plan findings for Westside (due to new construction/staffing status), San Xavier (due to shared space with TAO), and Pascua Yaqui (due to clear disparity between size of space available and MI&E report).

For Pascua Yaqui, the projected required space differs from their existing PJD/POR due to inclusion of the following services not specifically planned for in that document: Dental and Wellness. Planning for CHR, Diabetes, Specialty Care, and Behavioral Health in their PJD/POR is also unclear which may account for an additional discrepancy.



Service Area Space Summary

2010 \$ per Hospital Square Meter =>										2010 \$ per Health Center Square Meter =>	



Priorities

All master plans need to have a statement of priority. Resources for capital and operational expenditures are consistently limited. Clear priorities are necessary for the development of a reasonable, supportable and attainable master plan. Clear priorities are arrived at through the consistent application of mutually agreed upon criteria reflecting the concerns and support of all interested parties whom the master plan will impact. While each PSA has a developed set of priorities within their Service Area, for the Tucson Area as a whole, the priorities were developed based on the Health Services Master Plan Work Group's criteria developed over the course of this project.

In order to gain consensus on what is important, and to pursue that goal united, master plan task force members were asked to work together in defining how priorities should be established. They were asked to develop such priorities with an "area wide leadership hat" on, so the needs/concerns of all would be represented. In order to understand the concerns of the group and to understand what the group thought was important, the group was asked to respond to the following question through a series of brainstorming sessions:

What characteristics of a service area should dictate their level of priority relative to future expenditures?

Through this effort, the group established the 4 characteristics and 14 factors below to establish priorities within the Area. By ballot weighting the characteristics and the factors, a mathematical priority system was established ranking each of the Service Areas within the Area as shown below.

Characteristic		Factors							
Access	23.85%	Primary Care Access		Specialty Care Access		ER Access		Inpatient Care Access	
		43.46%	+	15.38%	+	24.62%	+	16.54%	= 100%
Health	26.15%	Obesity Rate		Behavior Issues		Immunization Rate		Prenatal Care Visit Rate	
		32.69%	+	28.46%	+	18.46%	+	20.38%	= 100%
Infrastructure	28.46%	Weighted Age		Existing Space to Needed		Condition (FCI)			
		26.92%	+	44.62%	+	28.46%			= 100%
Population	21.54%	Population Growth		At-Risk Population		Underserved Population			
		42.78%	+	31.11%	+	26.12%			= 100%
=									
Subtotal	100%								

However, after reviewing the priority criteria along with its supporting data and balloting base in the pre-final master plan review, the area workgroup chose to reject the mathematical system in favor of a tribally determined priority system. This was felt to be more suitable for the Tucson Area for a variety of reasons. Resulting priorities are communicated in the matrix on the following page. In implementing the Master Plan, the Area will be working through this document from the top left to the lower right for each tribe or urban program.

For additional detail see the Priority section of this deliverable.



Primary Service Area Resourcing Priorities

Implementation by Tribal Priority

Service Area Services & Resourcing Priorities																
Service Area	Tribal Priority Rank	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Pascua Yaqui																
Pascua Yaqui Health Center		PJD/POR Approval	Provide additional Family Practice Staff and Space	Provide dedicated Internal Medicine Provider and Space	Provide additional Pediatric Staff	Increase overall Primary Care department space	Increase Nursing Support staff	Provide pharmacy services with needed pharmacists and additional space	Increase Diagnostic Imaging department space to support workload projection	Provide Wellness Center and Staff	Provide additional Elder Care staff and space (gain clarification on what they have)	Provide additional Maternal/Child Health staff and space	Behavioral Health needs unclear (space seems adequate to projections unless changes made)	Provide Podiatry as Visiting Professional service	Provide Optometry services, space and eye lanes	Provide Rehab services on-site with needed space
Sells Service Unit																
Sells Hospital		Provide a replacement facility for the existing outdated hospital.	Provide more staff housing.	Provide better and additional Radiological Services.	Provide more Dental services	Provide Endoscopy Suite	Provide for Birthing Center	Provide Pediatric services	Establish CT/Teleradiology services	Increase transportation services	Establish better nurse recruiting	Establish Diabetes Self Management Program	Develop Electronic Lab ordering	Provide more Public Health Nursing	Expand Emergency services	Expand Dialysis Unit
Santa Rosa Health Center		Complete a PJD/POR to replace the Santa Rosa Clinic.	Provide comprehensive Mental Heath Services	Expand Dental services with a modular building	Additional staffing for dental clinic	Expand the existing clinic to be able to provide more services	Provide more comprehensive care services	Provide additional PHN services into the clinic	Provide Urgent Care services							
San Xavier Health Center		Initiate PJD/POR for replacement facility* (this appears to be best overall solution)	Increase Primary Care Space, exam rooms and offices	Expand dental services, increasing chairs, dentists and hygienists	Study scheduling related to space capacity restrictions to improve efficiency in light of limited space	Increase and re-locate Behavioral Health services (frees up existing clinical space for clinic functions)	Increase nursing support staff	Provide rehab services on-site with space	Provide specialty care space, exam rooms	Provide visiting provider space, exam rooms	Provide podiatry on-site with space	Provide Public Health Nursing staff and space	Increase administrative support staffing and space	Secure dedicated internal medicine provider	Secure on-site pediatrician	Secure on-site Ob/Gyn provider
Ajo/Why Service Area		Provide a Small Ambulatory Healthcare Facility to serve Why-Ajo area.	Provide comprehensive Mental Heath services	Provide Substance Abuse services	Provide more comprehensive care services											
North Service Area		Establish Visiting Family Practice Provider	Provide Primary Care space and rooms	Establish Visiting Dentist	Provide Dental Space, Chairs	Establish Visiting Mental Health	Establish Visiting Social Services	Provide Behavioral Health office	Provide Administrative Support Staffing	Provide Property & Supply space	Provide Housekeeping & Linen space	Establish PHN service with space	Provide Driver			
Westside Health Center		Complete New Westside Clinic currently under construction.	Provide a comprehensive Mental Heath/Substance Abuse services	Provide additional staff and training for Mental Heath/Substance Abuse services.	Provide Family Preservation services	Provide Youth-at-Risk identification and intervention services										
Urban Program																
Tucson Indian Center		Provide family practice provider, space and exam rooms	Provide dental care on-site with chairs and space	Obtain needed mental health counselors	Provide traditional healing with needed space	Provide dedicated public health nursing staff and space	Provide dedicated Information Management staff and space	Increase administrative staff	Increase outreach diabetes program staff and space	Increase wellness center staff and space	Provide accu-detox staff and space					

Intentionally Blank